

# Integration of Substance Use Disorder Services into Primary Healthcare

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Pacific Southwest  
ATTC



Addiction

Abuser

Addict

**Substance Use Disorders**  
**(SUD)**

Dependence

Chemical  
Dependence

The language we use matters

Drug Addict

Abuse

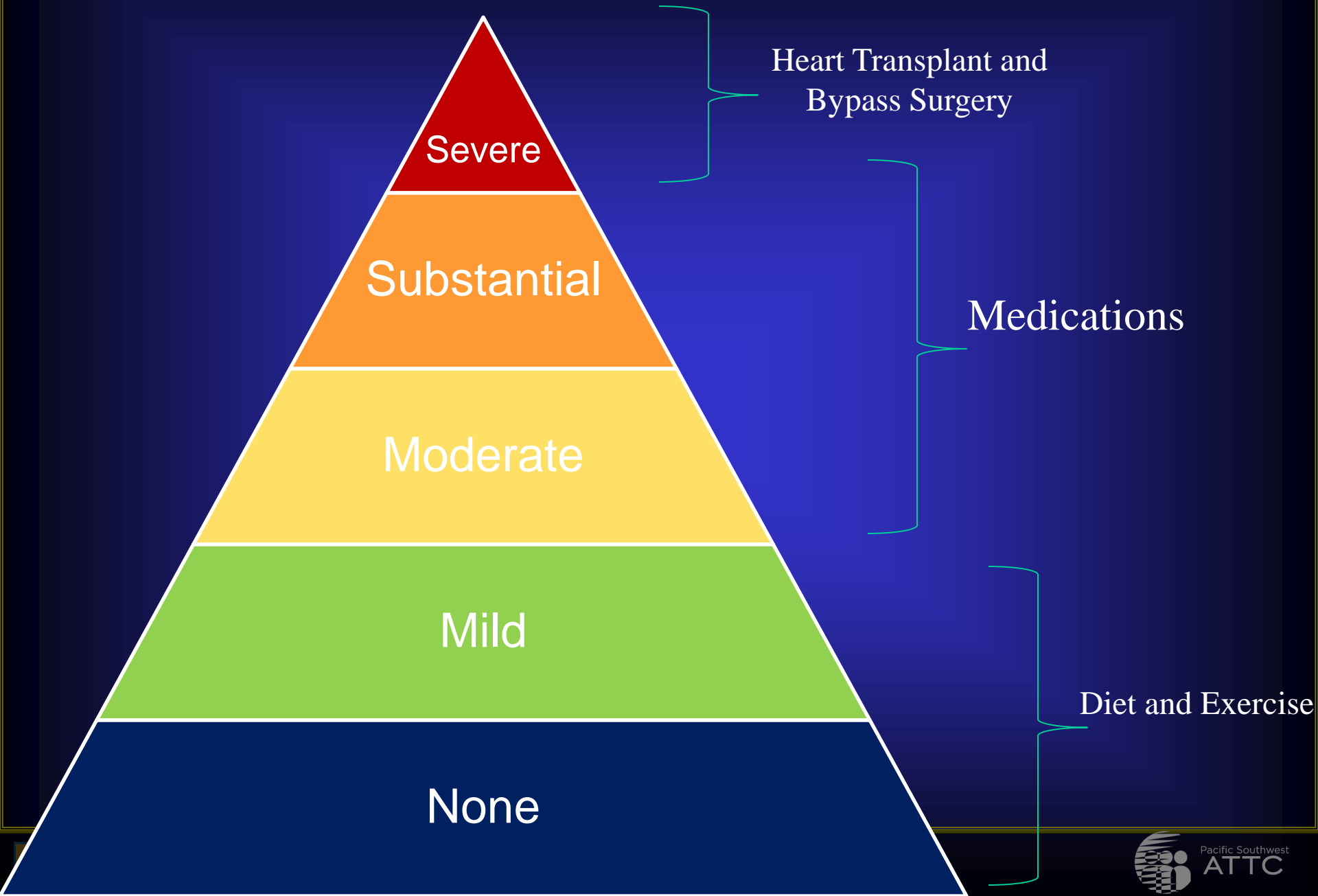
Alcoholic

**Substance Misuse**

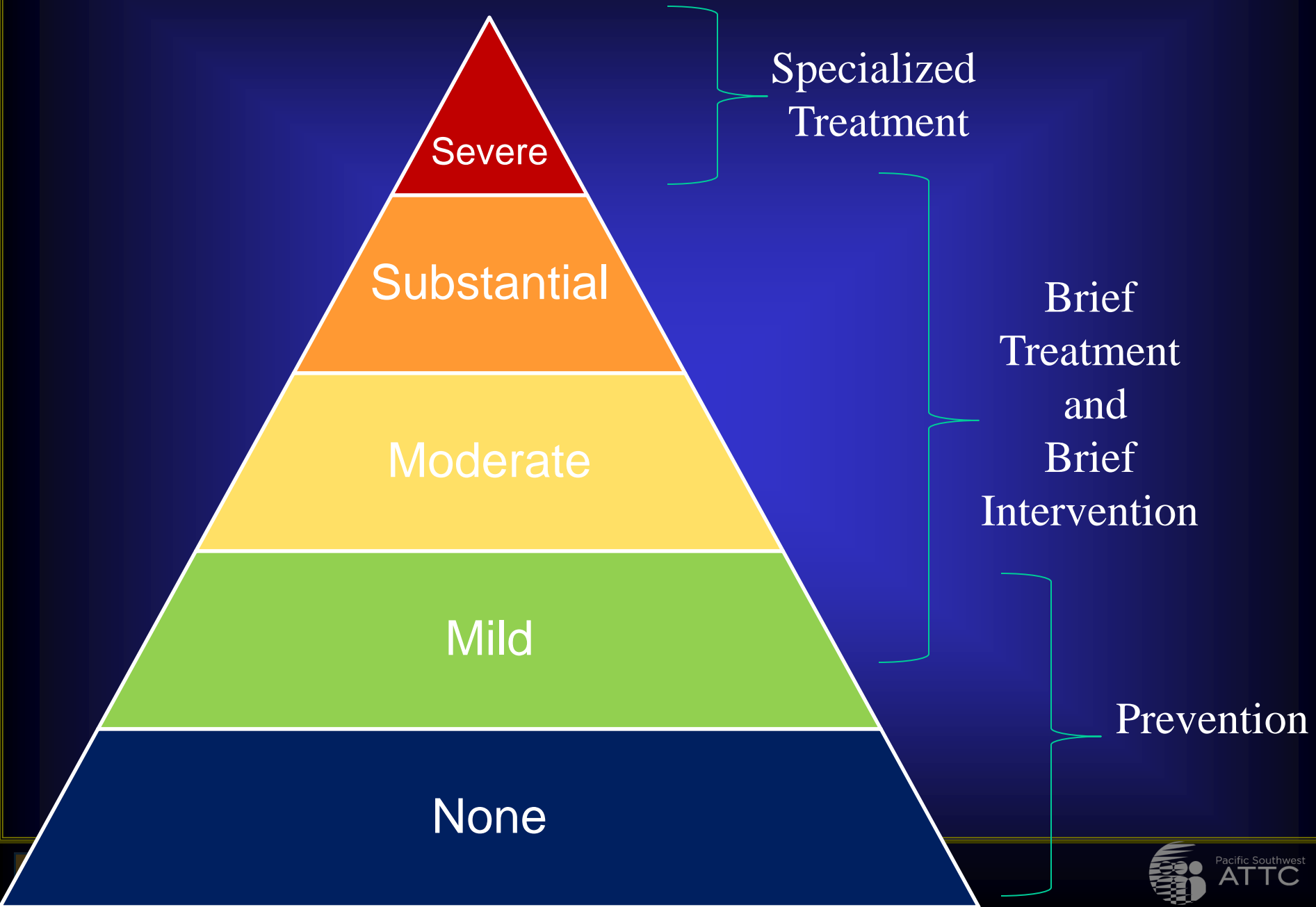


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ATTN

# Distribution of Cardiovascular Problems



# Distribution of Alcohol (or Drug) Problems





## In treatment (2 Million)

Diagnosable problem with substance use  
Referred to treatment by:\*

Self/Family 37%

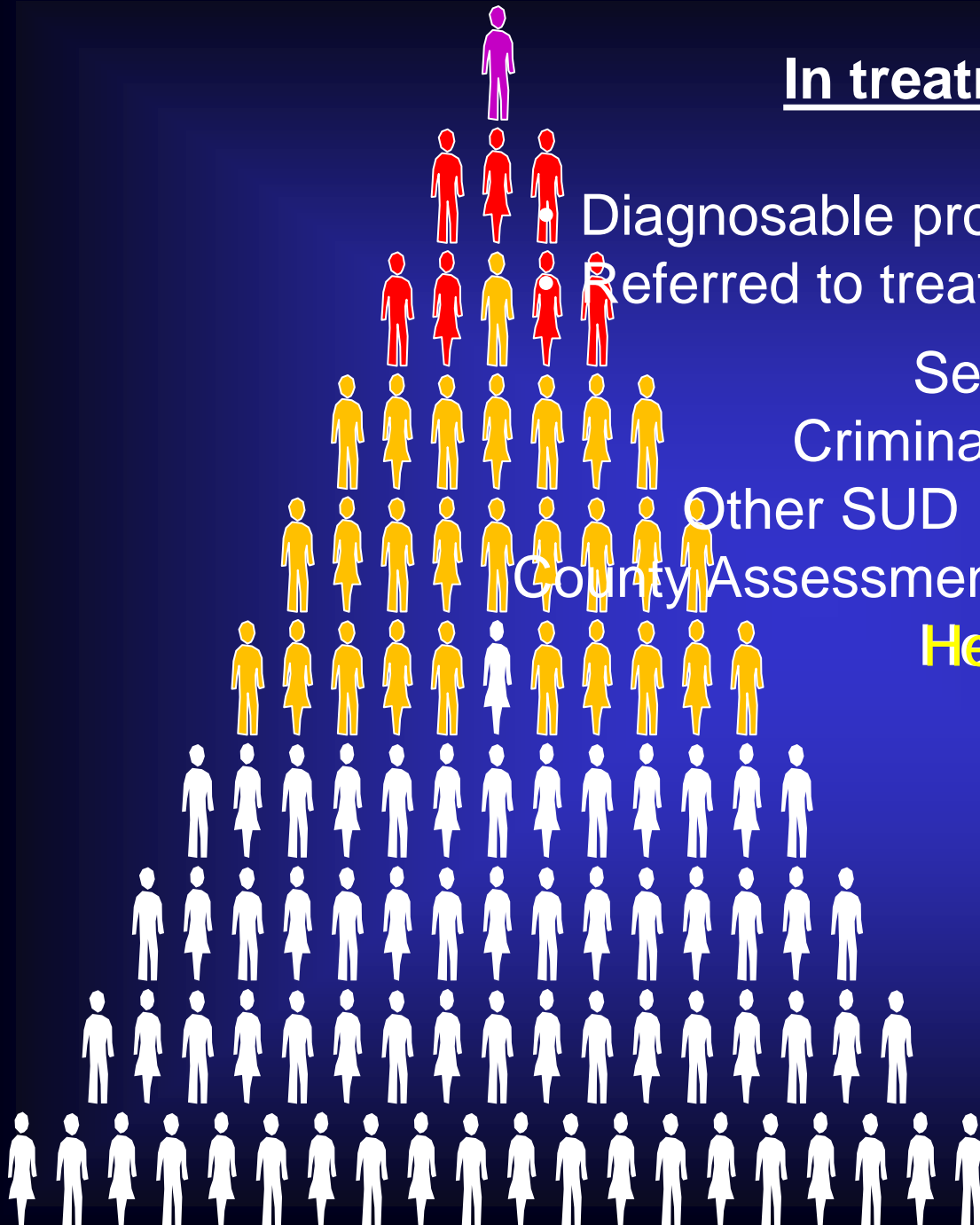
Criminal Justice 25%

Other SUD Program 8%

County Assessment Center 19%

**Healthcare 3%**

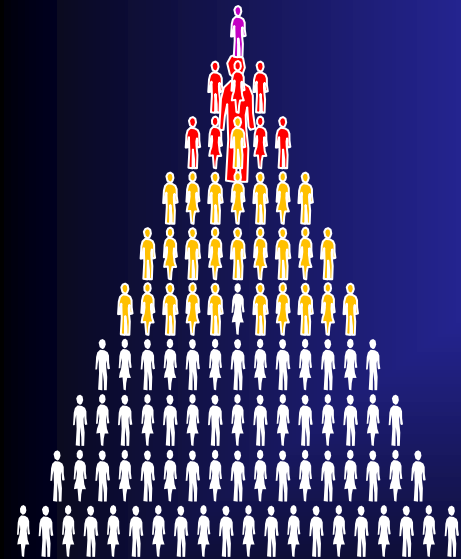
Other 8%



\*Los Angeles County Data

## In need of treatment (21 Million)

- Reported problems associated with use
- Not in treatment currently
  - 1.1% Made an effort to get treatment
  - 3.7% Felt they needed treatment, but made no effort to get it.
  - 95.2% Did not feel that they needed treatment



These people  
need services,  
but will  
never enter  
the treatment  
system



## Using at risky levels (60-80 Million)

- Do not meet diagnostic criteria
- Level of use indicates risk of developing a problems.
- Some examples...

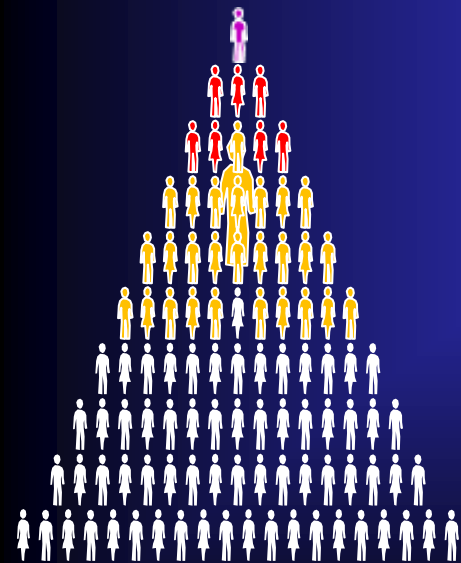


Drinks 3-4 glasses of wine a few times per week

Pregnant woman occasionally has a shot of vodka to relieve stress

Adolescent smokes marijuana with his friends on weekends

Occasionally takes one or two extra vicodin to help with pain



# Implications

As long as the specialty care programs (drug and alcohol treatment programs) are the only places which address SUD:

- most people with severe problems will not receive treatment.
- virtually all with risky use will not receive professional attention.

# The Health System

## SUD Treatment System

Residential

Outpatient

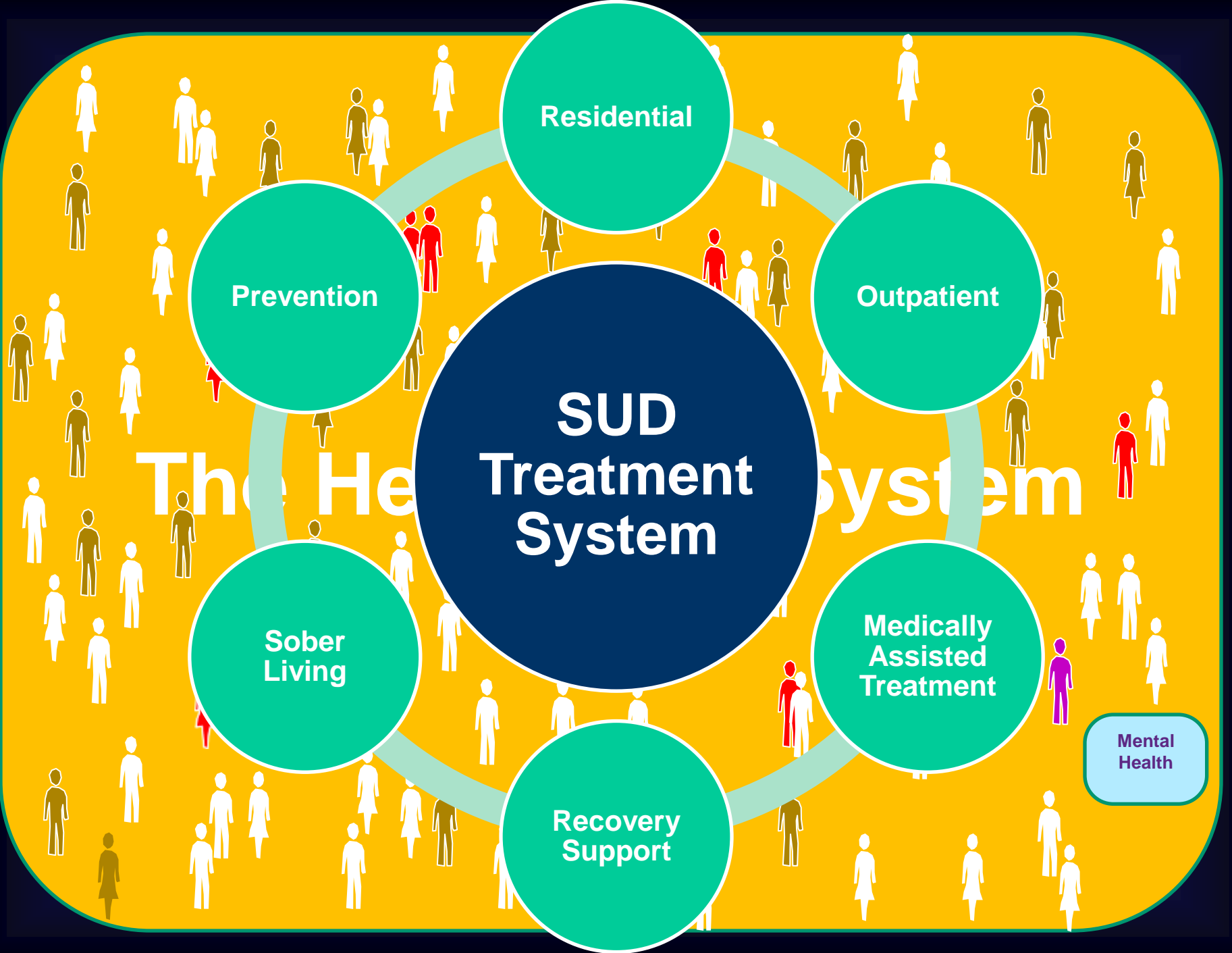
Medically Assisted Treatment

Recovery Support

Sober Living

Prevention

Mental Health



**What healthcare settings are  
good/important locations to  
identify individuals with  
SUD?**

# Healthcare Settings for locating individuals with SUD

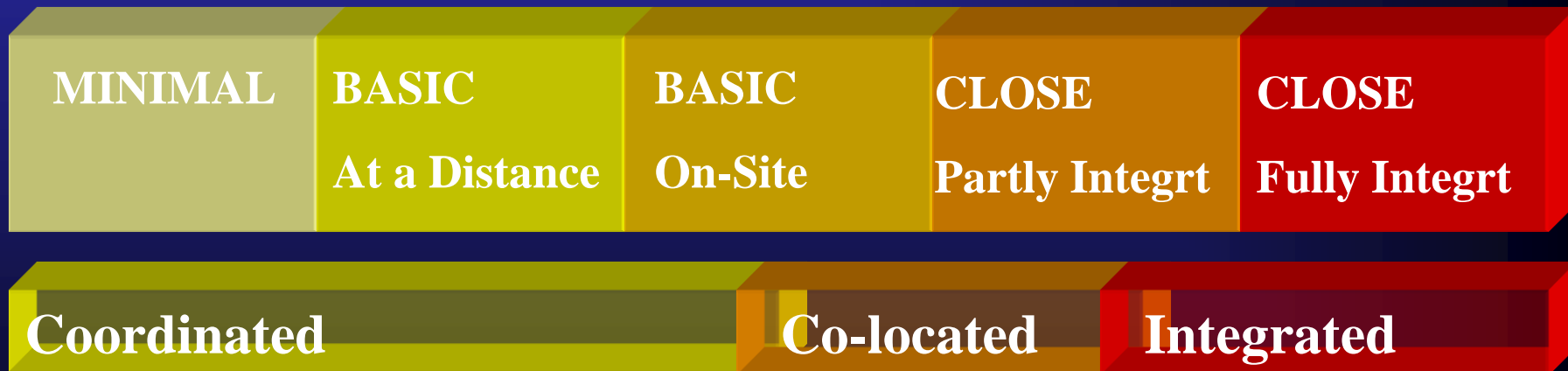
- Primary care settings
- Emergency rooms/  
Trauma centers
- Prenatal clinics/OB/Gyn offices
- Medical specialty settings for  
diabetes, liver and kidney disease  
transplant programs
- Pediatrician offices
- College health centers
- Mental health settings



**How will SUD services and  
MH services be integrated  
into primary care and other  
healthcare settings?**

# What is “Primary Care Integration”?

- Primary care integration is the collaboration between SUD service providers and primary care providers.
- Collaboration can take many forms along a continuum\*

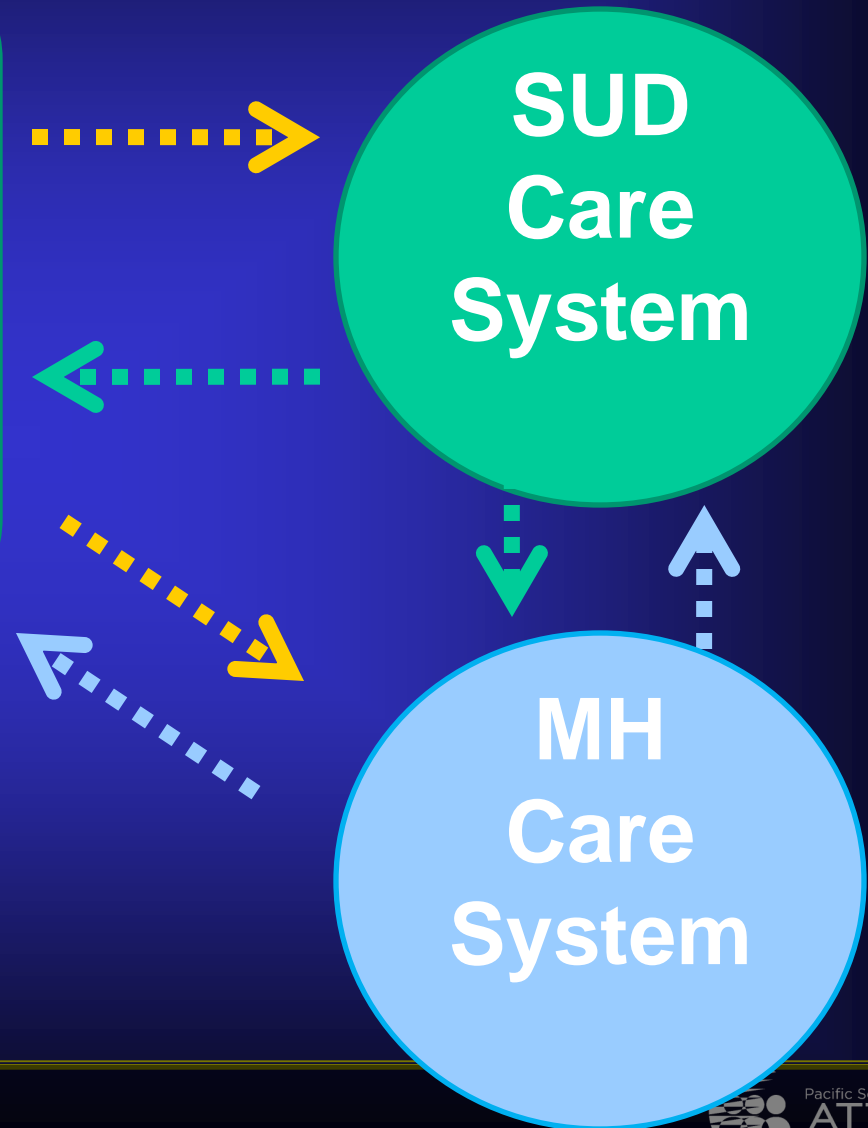


\*Source: Collins C, Hewson D, Munger R, Wade T. *Evolving Models of Behavioral Health Integration in Primary Care*. New York: Millbank Memorial Fund; 2010.

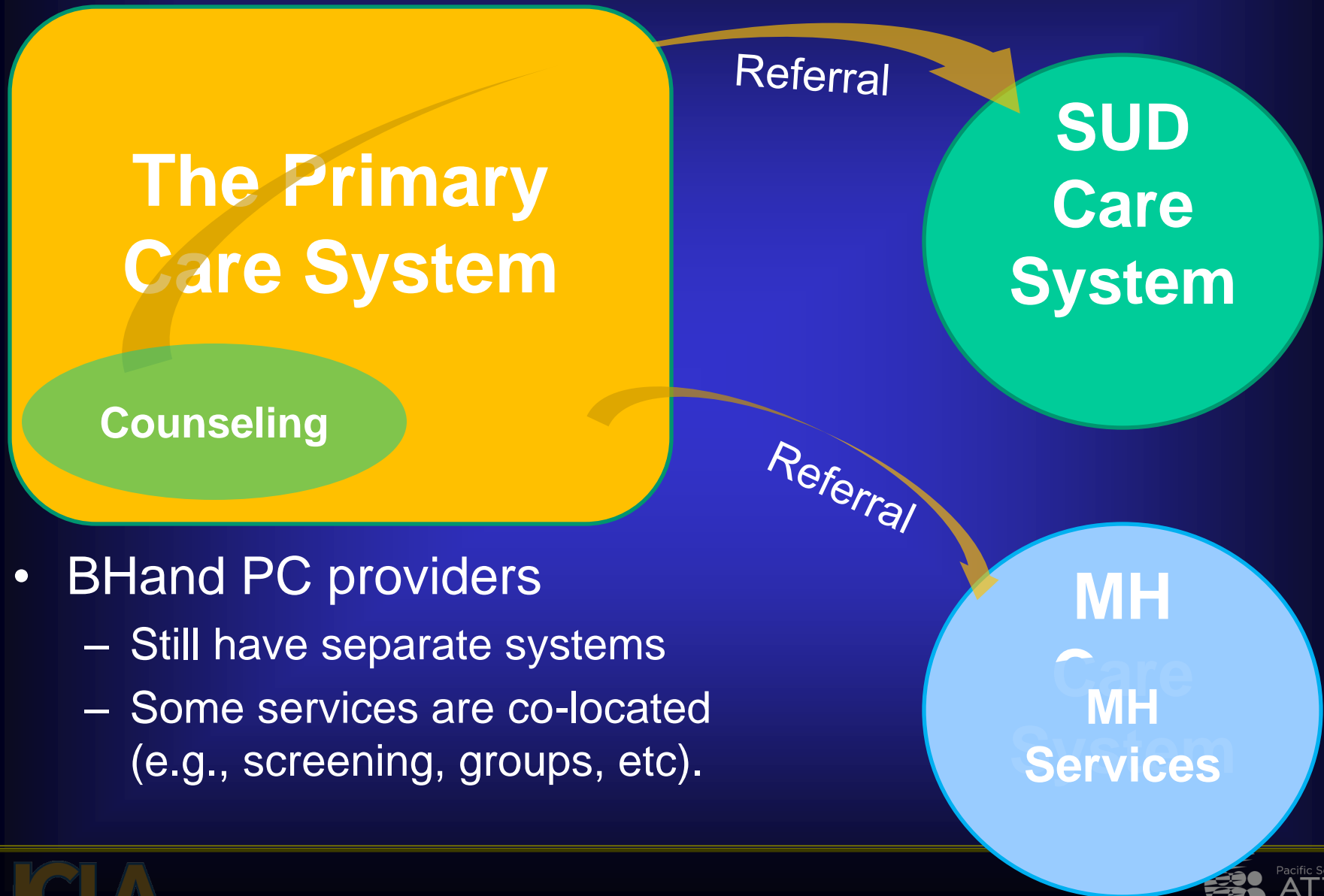
# Minimal Coordination

## The Primary Care System

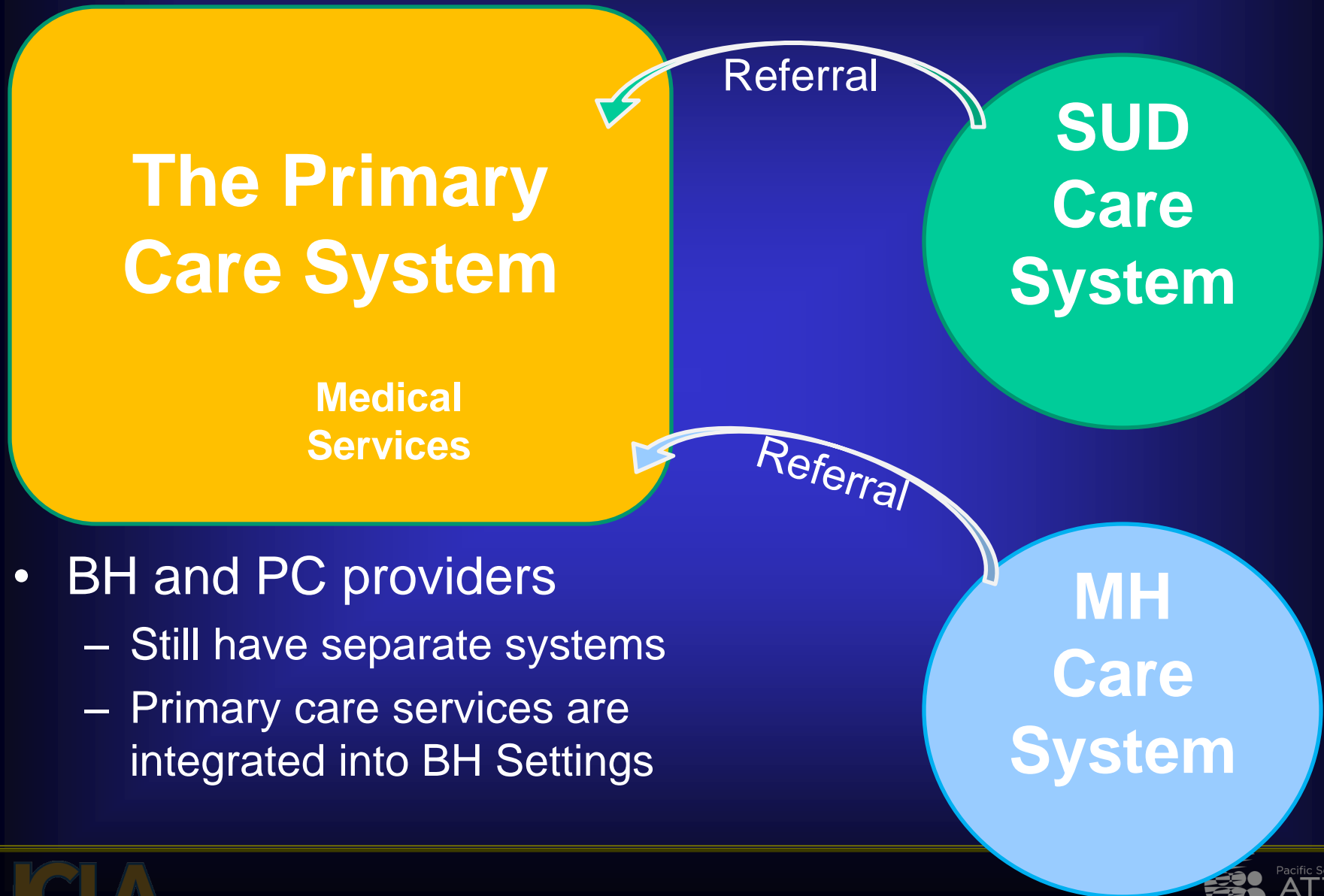
- BH and PC providers
  - work in separate facilities,
  - have separate systems, and
  - communicate sporadically.



# Basic On Site (co-location of services)



# Basic On Site (reverse co-location)



# Integrated

**The Primary  
Care System**

**MAT**

- PC providers
  - Develop and provide their won services

**SUD  
Care  
System**

**MH  
Care  
System**

# Integrated

## The Primary Care System

- BH and PC providers
  - share the same facility
  - have systems in common (e.g., financing, documentation)
  - regular face-to-face communication

SUD  
Care  
System

MH  
Care  
System

## **Specific services that are likely to be employed in integration activities**

- Screening & Brief Intervention
- Medication Assisted Treatment in primary care
- Brief Treatments (what are they?)
- “Warm hand off” techniques (cold referrals don’t work)
- Behavioral enhancement techniques (MET, MI, NIATX)

# Two Specific Strategies for Engaging Patients:

Medication Assisted Treatment (MAT)

Screening, Brief Intervention and Referral to Treatment (SBIRT)

# Extended Release Naltrexone – Vivitrol™



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# Extended-Release Naltrexone General Facts

- **Generic Name:** naltrexone for extended-release injectable suspension
- **Marketed As:** Vivitrol®
- **Purpose:** To discourage drinking by decreasing the pleasurable effects from consuming alcohol.
- **Indication:** For the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment.
- **Year of FDA-Approval:** 2006



# Extended-Release Naltrexone Administration

**Amount:** one 380mg injection

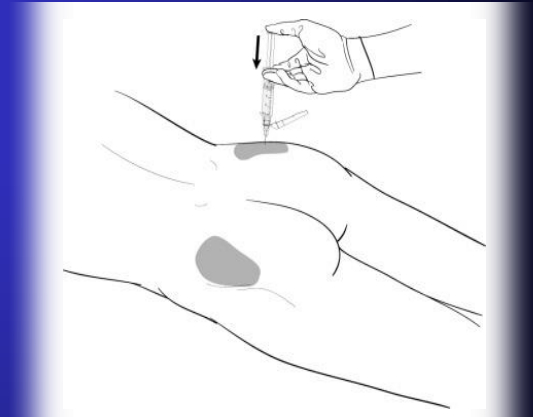
**Method:** deep muscle in the buttock

**Frequency:** every 4 weeks

Must be **administered by a healthcare professional** and should alternate buttocks each month.

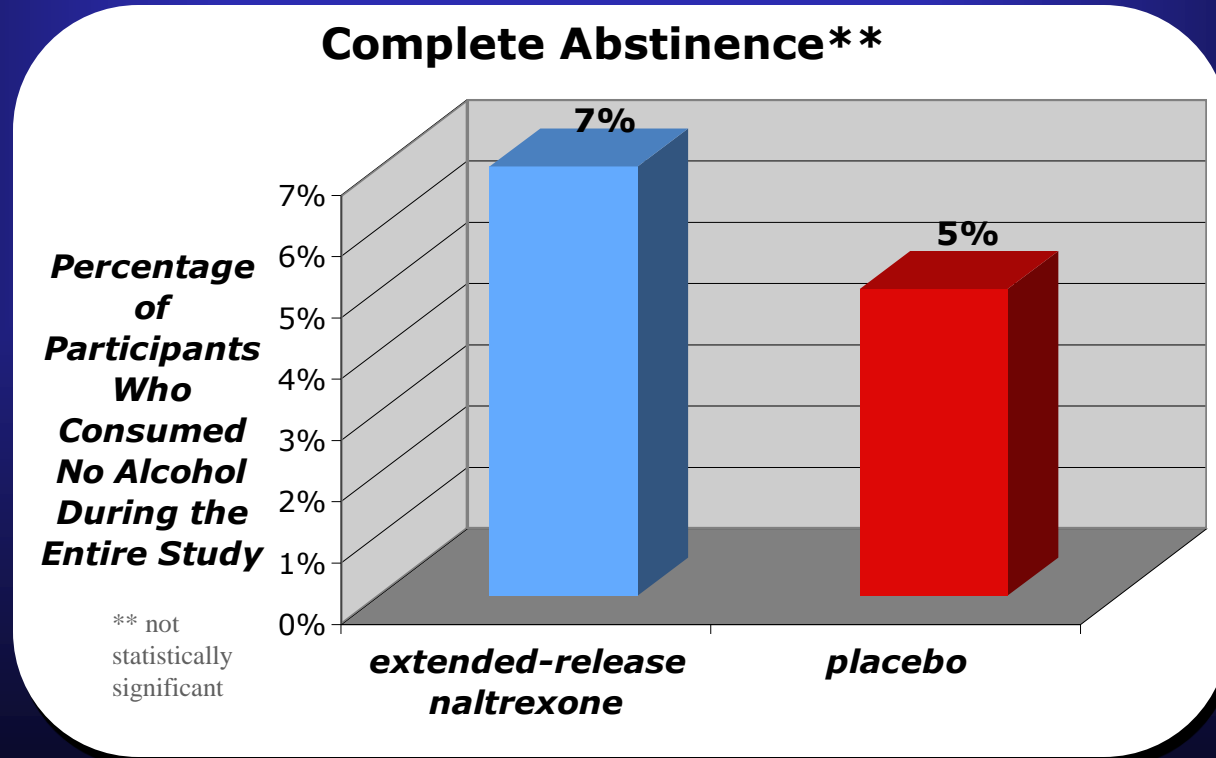
Abstinence requirements: must be taken at least **7-10 days after last consumption of opioids**; must **not be actively drinking** at time of administration

Should not be administered intravenously.



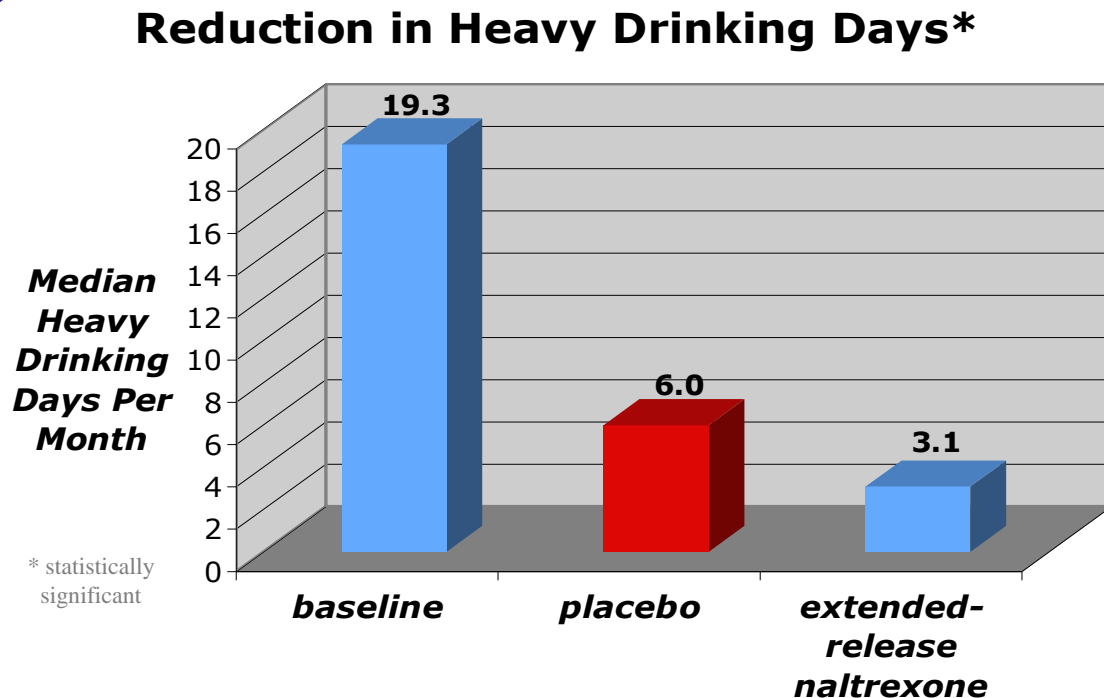
# Scientific Research about Extended-Release Naltrexone for alcohol

**Results:** Participants treated with extended-release naltrexone **did not maintain complete abstinence** more frequently than those treated with placebo.



# Scientific Research about Extended-Release Naltrexone for alcohol (cont.)

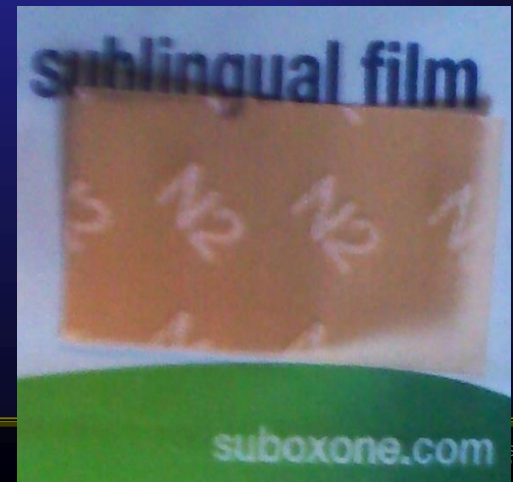
**Results:** Participants treated with extended-release naltrexone had a **greater reduction in the number of heavy drinking days** during the entire study than those treated with placebo.



# Buprenorphine

# Buprenorphine Formulations

- Sublingual administration
- Subutex (Buprenorphine)
  - 2mg, 8mg
- Suboxone (4:1 Bup:naloxone)
  - 2mg/0.5 mg , 8mg/2mg
- Dose: 2mg-32mg/day

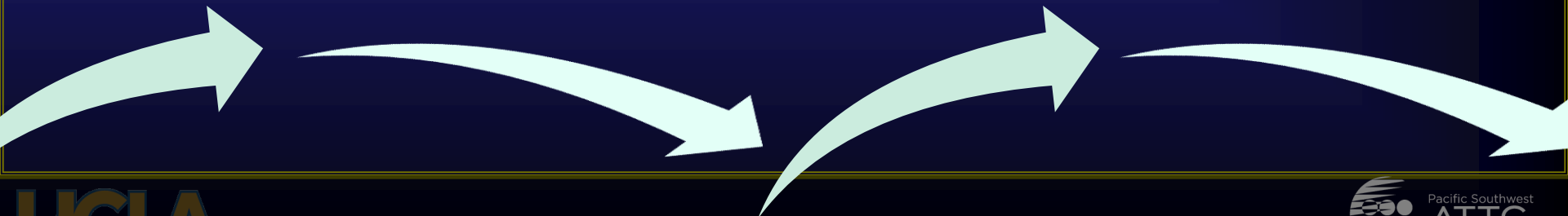


# Buprenorphine as a Treatment for Opioid Addiction

- A synthetic opioid
- Described as a mixed opioid agonist-antagonist (or partial agonist)
- Available for use by certified physicians outside traditionally licensed opioid treatment programs

# The Role of Buprenorphine in Opioid Treatment

- Partial Opioid Agonist
  - Produces a ceiling effect at higher doses
  - Has effects of typical opioid agonists—these effects are dose dependent up to a limit
  - Binds strongly to opiate receptor and is long-acting
- Safe and effective therapy for opioid maintenance and detoxification



# Advantages of Buprenorphine in the Treatment of Opioid Addiction

1. Patient can participate fully in treatment activities and other activities of daily living easing their transition into the treatment environment
2. Limited potential for overdose (Johnson et.al, 2003)
3. Minimal subjective effects (e.g., sedation) following a dose
4. Available for use in an office setting
5. Lower level of physical dependence

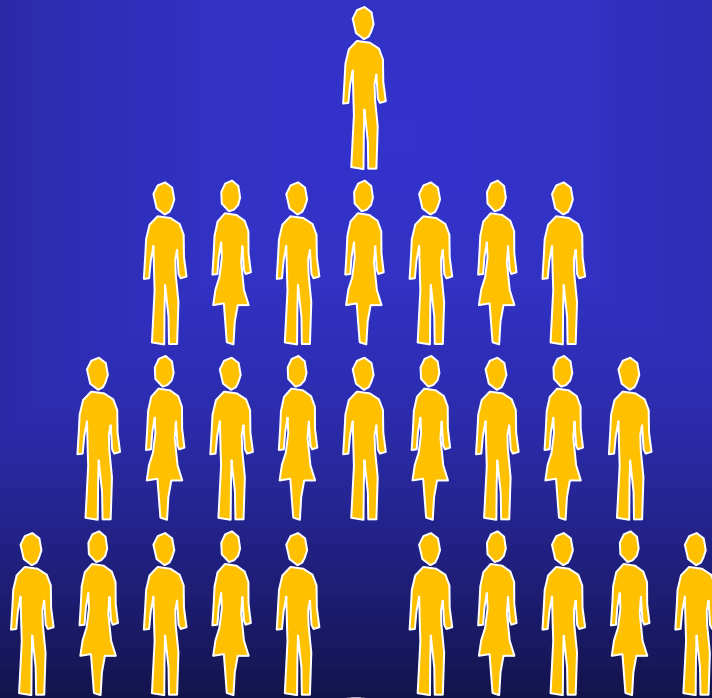
# Naloxone (Narcan) for Overdose Prevention

OVERDOSE PREVENTION  
PREVENCIÓN DE  
EQUIPO DE

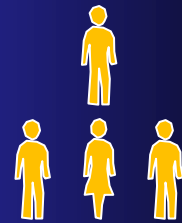


Walley AY, et al "Opioid overdose rates and implementation of overdose education and nasal naloxone distribution in Massachusetts: Interrupted time series analysis" *BMJ* 2013; DOI: 10.1136/bmj.f174.

# Screening, Brief Intervention and Referral to Treatment (SBIRT)



# What is SBIRT?



SBIRT is a **comprehensive, integrated, public health** approach to the delivery of early intervention and treatment services

- For persons with substance use disorders
- Those who are at risk of developing these disorders

Primary care centers, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users

***Before more severe consequences occur***

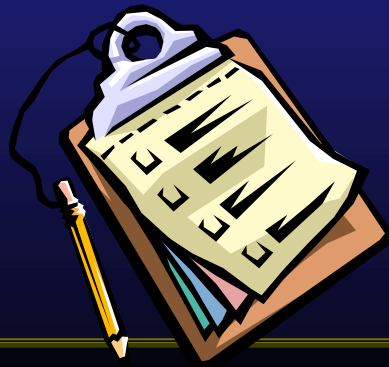
# SBIRT: Core Clinical Components

- **Screening:** Very brief screening that identifies substance related problems
- **Brief Intervention:** Raises awareness of risks and motivates client toward acknowledgement of problem
- **Brief Treatment:** Cognitive behavioral work with clients who acknowledge risks and are seeking help
- **Referral:** Referral of those with more serious addictions



# What is screening?

- A range of evaluation procedures and techniques to capture indicators of risk
- A **preliminary assessment** that indicates probability that a specific condition is present
- A single event that informs subsequent diagnosis and treatment



(Source: SAMHSA,  
1994)

# Benefits of screening

- Provides opportunity for education, early intervention
- Alerts clinician to risks for substance use disorders and needs for treatment
- Offers opportunity to engage patient further
- Has proved beneficial in reducing high-risk activities for people who are not dependent

(Source: NCETA,  
2004)



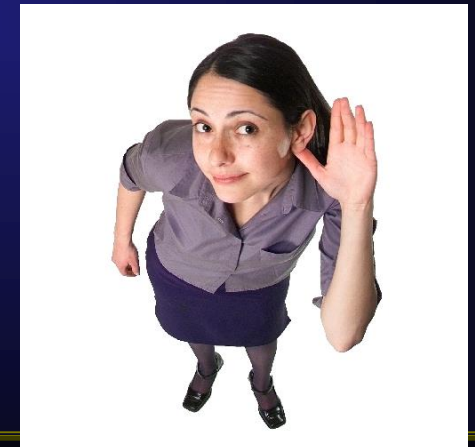
# Characteristics of a good screening tool

- Brief (10 or fewer questions)
- Flexible
- Easy to administer, easy for patient
- Addresses alcohol & other drugs
- Indicates need for further assessment or intervention
- Has good sensitivity and specificity



# Tips for screening

- Use a non-judgemental, motivational approach
- Do not use stigmatising language
- Embed screening questions in larger assessment of health habits



# What happens after screening?

- Screening results can be given to patients, forming the basis for a conversation about impacts of substance use
- Brief intervention is low-intensity, short-duration counselling for those who screen positive
  - Uses motivational interviewing style
  - Incorporates readiness to change model
  - Includes feedback and advice

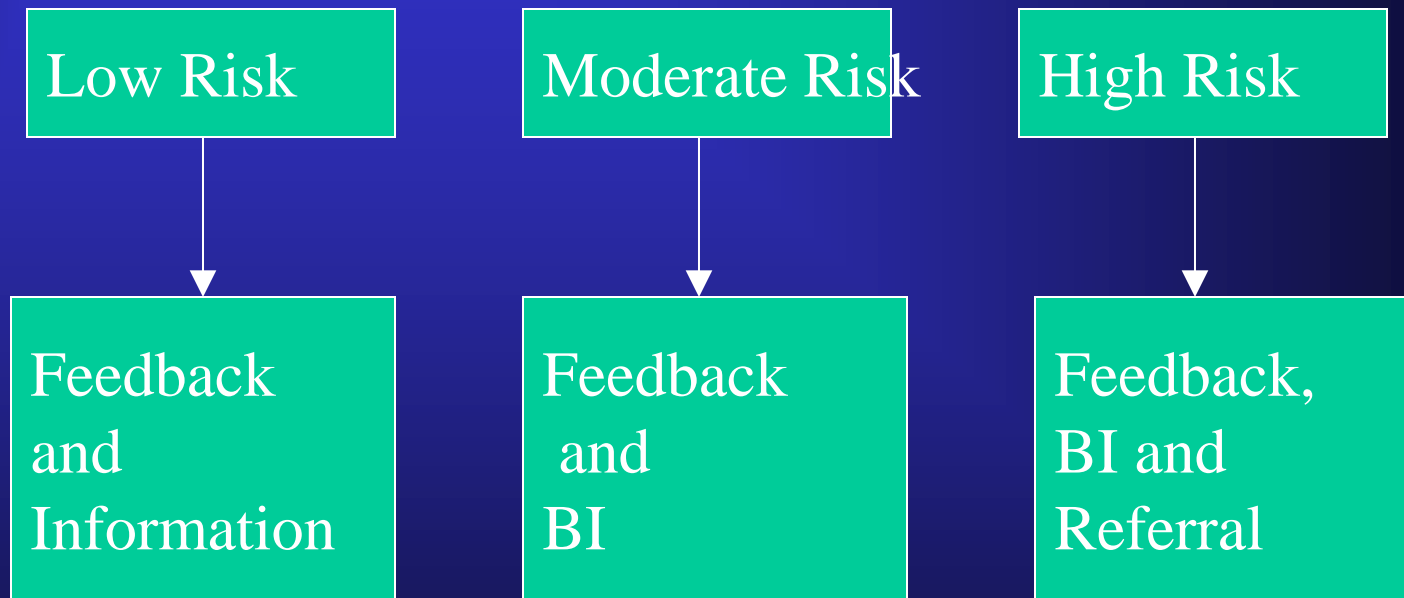
(Source: McGree,  
2005)

# Rationale for brief intervention

- Studies show brief interventions (BIs) in primary care settings are beneficial for alcohol and other drug problems
- Brief advice (5 minutes) is just as good as 20 minutes of counselling, making it very cost effective\*
- BIs extend services to individuals who need help, but may not seek it through substance abuse service agencies

(\*Source: WHO Brief Intervention Study Group, 1996)

# Screening and appropriate intervention



# CONDUCTING A BRIEF INTERVENTION

F L O



# FLO: THE 3 TASKS OF A BI

F

Feedback

L

Listen & Understand

O

Options Explored



Warn

**Avoid Warnings!**

(that's it)

# THE 3 TASKS OF A BI

O Options Explored

L Listen & Understand

F Feedback

# The 1<sup>st</sup> Task: Feedback

## Handling Resistance

- Look, I don't have a drug problem.
- My dad was an alcoholic; I'm not like him.
- I can quit using anytime I want to.
- I just like the taste.
- Everybody drinks in college.

**What would you say?**

# The 3 Tasks of a BI

F

Feedback

L

Listen & Understand

O

Options Explored

# THE 2<sup>ND</sup> TASK: LISTEN & UNDERSTAND

## Strategies for Weighing the Pros and Cons

- What do you like about drinking?
- What do you see as the downside of drinking?
- What else?

## Summarize Both Pros and Cons

“On the one hand you said..,  
and on the other you said....”

# THE 2<sup>ND</sup> TASK: LISTEN & UNDERSTAND

## Listen for the Change Talk

- Maybe drinking did play a role in what happened.
- If I wasn't drinking this would never have happened.
- Using is not really much fun anymore.
- I can't afford to be in this mess again.
- The last thing I want to do is hurt someone else.
- I know I can quit because I've stopped before.

Summarize, so they hear it twice!

# The 3 Tasks of a BI

F

Feedback

L

Listen & Understand

O

Options Explored

# THE 3<sup>RD</sup> TASK: OPTIONS FOR CHANGE

## Offer a Menu of Options

- Manage drinking/use (cut down to low-risk limits)
- Eliminate your drinking/drug use (quit)
- Never drink and drive (reduce harm)
- Utterly nothing (no change)
- Seek help (refer to treatment)

# ENCOURAGE FOLLOW-UP VISITS

At follow-up visit:

- Inquire about use
- Review goals and progress
- Reinforce and motivate
- Review tips for progress

# REFERRAL TO TREATMENT

- Approximately 5% of patients screened will require referral to substance use evaluation and treatment.
- A patient may be appropriate for referral when:
  - Assessment of the patient's responses to the screening reveals serious medical, social, legal, or interpersonal consequences associated with their substance use.

These high risk patients will receive a brief intervention followed by referral.

# Benefits of Screening and Brief Interventions



# Benefits of Screening and Brief Interventions

**\$1 Spent**



**Saves**

**\$2-4**

# Benefits of Screening and Brief Interventions



Work Performance



Neonatal Outcomes

# Screening, Brief Interventions for Alcohol: Major Impact of SBI on Morbidity and Mortality

| Study                 | Results - conclusions  | Reference              |
|-----------------------|--|------------------------|
| Trauma patients       | <b>48% fewer re-injury (18 months)</b><br><b>50% less likely to re-hospitalize</b>   | Gentilello et al, 1999 |
| Hospital ER screening | <b>Reduced DUI arrests</b><br><b>1 DUI arrest prevented for 9 screens</b>  | Schermer et al, 2006   |
| Physician offices     | <b>20% fewer motor vehicle crashes over 48 month follow-up</b>   | Fleming et al, 2002    |
| Meta-analysis         | <b>Interventions reduced mortality</b>   | Cuijpers et al, 2004   |
| Meta-analysis         | Treatment reduced alcohol, drug use<br><b>Positive social outcomes: substance-related work or academic impairment, physical symptoms (e.g., memory loss, injuries) or legal problems (e.g., driving under the influence)</b> | Burke et al, 2003      |
| Meta-analysis         | <b>Interventions can provide effective public health approach to reducing risky use.</b>   | Whitlock et al, 2004   |

# Screening, Brief Interventions for Alcohol: Saves Healthcare Costs

| Study  | Cost Savings  | Authors                 |
|--|---|-------------------------|
| Randomized trial of brief treatment in the UK  | <b>Reductions in one-year healthcare costs</b><br><i>\$2.30 cost savings for each \$1.00 spent in intervention</i>                    | (UKATT, 2005)           |
| Project TREAT (Trial for Early Alcohol Treatment) randomized clinical trial:<br>Screening, brief counseling in 64 primary care clinics of <i>nondependent alcohol misuse</i> | <b>Reductions in future healthcare costs</b><br><i>\$4.30 cost savings for each \$1.00 spent in intervention (48-month follow-up)</i> | (Fleming et al, 2003)   |
| Randomized control trial of SBI in a Level I trauma center<br>Alcohol screening and counseling for trauma patients (>700 patients).  | <b>Reductions in medical costs</b><br><i>\$3.81 cost savings for each \$1.00 spent in intervention.</i>                               | Gentilello et al, 2005) |

# Summary

- Integration of SUD services into primary care will increase attention to the large number of individuals with risky SUD.
- Integration will improve access to SUD treatment.
- Screening and brief intervention and medication assisted treatment will be extensively expanded.
- Integration will reduce health care costs by savings from reduction in medical psychiatric consequences of drug and alcohol use.

# Contact Information

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